MULTIPLE DEPENDENT CLAIM 151913 PHONE DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED IN IMENDMENT IN ANTHOMENT IN AMENDE NT IN AMENDMENT DEP. IND. DEP. IND. IND. DEP. DEP. IND. IND. DEP. IND. DEP. . . : . 91 ' . 98 TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DLP. TOTAL CLADES TOTAL CLADAS PTO-1360 (REV. 9/03)

SERIAL NO.

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